14

PATENT APPLICATION FEE DETERMINATION RECO							Application of Docket Number					
	PATENT A	PPLICATIO Effective	o hasis									
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LENTITY	OR	OTHER SMALL			
FC	R	NUMBE	NUMBER FILED NUM		UMBER EXTRA .		FEE	] [	RATE	FEE		
ВА	SIC FEE						345.00	OR		690.00		
то	TAL CLAIMS	34	minus 2	0= 19 .		X\$ 9	=	OR	X\$18=	342		
IND	EPENDENT CL	AIMS 6	minus	3= 3		X39=		OR	X78= a	734		
MULTIPLE DEPENDENT CLAIM PRESENT							=	OR	+260=			
• H	the difference	column 2	TOTA	L .	OR	TOTAL	Pels					
	CI			<del></del>		OTHER						
	•	(Column 1)		(Column 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL	ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 39	Minus	39	=/)	X\$ 9:	= -	OR	X\$18=			
ME	Independent	. 6	Minus	··· 6		X39=	=	OR	X78=			
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130		OR	+260=			
ŀ		•				TOT	TAL .	OR	TOTAL			
	(Column 1) (Column 2) (Column 3)					ADDIT. F	EE	]0	ADDIT. FEE	الم:		
-	100	CLAIMS	100 Tel 100 Te	HIGHEST	Toolumine)		ADDI-	1		ADDI-		
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	TIONAL		
<b>AMENDMENT</b>	Total	.29	Minus	.29	=	X\$ 9:	=	OR	X\$18=			
AME	Independent	·le	Minus	··· Co	=	X39=	-	OR	X78=			
H	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130		OR	+260=			
						TOT	TAL .		TOTAL			
	(Column 1) (Column 2) (Column 3)					ADDIT. F	tt		ADDIT. FEE	<u> </u>		
		CLAIMS	17 Sil.	HIGHEST		<u> </u>	ADDI-	1		ADDI-		
ENTC		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE			RATE	TIONAL FEE		
AMENDMENT	Total	. 39	Minus		=	X\$ 9:	= .	OR	X\$18=			
AME	Independent	·le	Minus	··· CO	= -	X39=		OR	X78=			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		1		
	if the entry in colu	mn 1 is less than t	he entry in colu	ımn 2. write "0" in o	olumn 3.	+130		OR	+260=	1/		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
**	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APP	Effective November	er 10, 1998		<u></u>	5-1/4	P	2800	3
CL	SMALL E		OR	OTHER SMALL E				
FOR	(Column 1) NUMBER FILED	(Colun NUMBER E		RATE	FEE		RATE	FEI
BASIC FEE					380.00	OR		760.0
TOTAL CLAIMS	minus 20			X\$ 9=		OR	X\$18=	: 
INDEPENDENT CLAIMS	X39=		OR	X78=				
MULTIPLE DEPENDEN		+130=		OR	+260=			
* If the difference in co	olumn 2	TOTAL		OR	TOTAL	-		
CLAI	MS AS AMENDED	(Column 3)	SMALL E	NTITY	or i	OTHER SMALL E		
A P	CLAIMS EMAINING AFTER	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADE TION FEI
Total	Minus	** 29	= /\	X\$:9=		oп	<b>X\$18</b> =	2
₩ widependent *	To Mines	*** Cp.		X39=		OR	X78=	
FIRST PHESENTA	TION OF MULTIPLE DEP	ENDENT CLAIM	$\overline{\sim}$	+130=		OR	<b>+2</b> 60=	
* HMC1-1	$\langle \gamma \rangle \langle \gamma \rangle \langle \gamma \rangle \langle \gamma \rangle$	J. F.C.		TOTAL ADDIT: FEE		OR	JATOTAL JATOTAL	X.
46	olumn'i).	(Golumni2)	(Column(3)	ADDITION	عد طعر د ادراد		and state and the second	en al comença
a	CLAIMS EMAINING AFTER MENOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		TATE	ADD TION FE
Total	Minus	**		X\$:9=		ÓВ	X\$18≡₁	
프 Independent *	Minus	***	<b>=</b>	X39=	and the same	oп	<b>X78</b> =	
FIRST PRESENTA	TION OF MULTIPLE DEF	ENDENT CLAIM	A	<b>4430</b> =	. Area - France - Fra	OR:	.a 260≘	1 1 1 1 1 1 1 1 1 1 1 1
				TOTAL ADDIT: FEE		ØĦ	JOIAL ADDIT/EEE	
	olumn ()	(Column 2)	(Column 3)		The state of the s		The said was said	ome the of
U A	CLAIMS EMAINING AFTER	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	20 <b>30</b> 27 1	RATE	ADI TION FE
AMENDMENT  Total  * Independent  *	MENOMENT 3111111111111111111111111111111111111	**	=	X\$ 9=	# P	OR	<b>X</b> \$18≓	
Independent *	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTA	TION OF MULTIPLE DEF	PENDENT CLAIM		+130=		OR-	+260=	
* If the entry in column 1	is less than the entry in colu	mn 2, write 50° in co	lumn 3.	TOTAL	New York	OR	LATOF	\$4.64
** If the "Highest Number	r Previously Paid For IN THI r Previously Paid For IN THI Previously Paid For (Total o	2 SPACE DIESS AN	and ander #9 #	ADDIT. REE	A CONTRACTOR		ADDIT: FEE lumn (.	